# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

_ н	elena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0258	1	Lewistown Elem		14	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed treated as een accounted	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			215 7th Avenue S		
Printed Name of A	uthorized Official		City	Z	ip Code
			Lewistown	5	9457
Title			Date	<b>\</b>	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	lelena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0259	1	Fergus H S		14	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			215 7th Avenue S		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Lewistown	5	9457
Title			Date	<b>"</b>	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	O Box 202501 elena, MT 59620-2501	Due	May 31, 2005			
Legal Entity #	School Dist. #	School Name	County	Level		
0264	15	Deerfield Elem	14	EL		
Proposed Restric	ted Indirect Cost Rat	te% (Round to	nearest hundredth (X.)	XX%) of a percent.)		
	e submitted for the ele	with one copy of each application ementary and high school distr				
This is to certify tha knowledge and beli		indirect cost rate proposal subn	nitted herewith and to	o the best of my		
allowable in accordance A-87, "Cost Principle	ance with the requirent es for State and Local	stablish the final indirect cost ranents of the Federal award(s) to Governments." Unallowable of the Indirect Cost Allocation	o which they apply an costs have been adju	nd OMB Circular		
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	oroperly allocable to Federal avastic incurred and the agreements. Further, the same costs that I addition, similar types of costs notified of any accounting charrect	to which they are allonave been treated as have been accounte	ocated in s indirect costs ed for consistently		
I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson		11001.	Street Address or P.O. Box			
_		Board Street A				
_	ct Superintendent or	Board Street A	Box 3139	Zip Code		
Chairperson Printed Name of A	ct Superintendent or	Route 3 City Lewistov	Box 3139			
Chairperson	ct Superintendent or	Route 3 City	Box 3139	Zip Code		
Printed Name of A Title	ct Superintendent or	Route 3 City Lewistov Date  and Budgeting ctruction	Box 3139	Zip Code		
Chairperson  Printed Name of A  Title  Send com	uthorized Official  upleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	Route 3 City Lewistov Date  and Budgeting ctruction	Box 3139 vn 5	<b>Zip Code</b> 594579513		
Chairperson  Printed Name of A  Title  Send com	uthorized Official  upleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	Route 3 City Lewistov Date  and Budgeting struction  C-2501  Date App	Box 3139 vn 5	<b>Zip Code</b> 594579513		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

H	elena, MT 59620-2501		,	,		
Legal Entity #	School Dist. #	School Name		County	Level	
0268	27	Grass Range Elem		14	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.				•	
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply and e been adjus	d OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and cor					
Signature of Distri- Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
·			PO Box 58			
Printed Name of A	uthorized Official		City	Ziį	p Code	
			Grass Range	59	032	
Title			Date	·		
	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction -2501	NDENT OF PUBL	LIC INSTRUC	TION BY:	
Ар	proved Rate for FY20	06	Date Approved			
			Signature			

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

H	lelena, MT 59620-2501		_ a.ca, c	.,	
Legal Entity #	School Dist. #	School Name		County	Level
0269	27	Grass Range H S		14	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.)	(X%) of a percent.)
	Complete and submit woe submitted for the electory of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted h	erewith and to	the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which llowable costs ha	they apply ar ave been adju	nd OMB Circular
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to whic osts that have be s of costs have b	h they are allo een treated as been accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
Onan person			PO Box 58		
Printed Name of A	uthorized Official		City	Z	ip Code
			Grass Range	5	9032
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	SLIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Due May 0	1, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0272	40	King Colony Elem		14	EL
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.	XX%) of a percent.)
	Complete and submit we be submitted for the electory or coval of your rate.				
This is to certify the knowledge and bel	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	erewith and t	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which Illowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are alle en treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			2370 King Color		
Printed Name of A	Authorized Official		City	2	Zip Code
			Lewistown	5	59457
Title			Date	1	
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ap	pproved Rate for FY20	006	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	PO Box 202501 Helena, MT 59620-2501		Due May 31	, 2005	
Legal Entity #	School Dist. #	School Name		County	Level
0273	44	Moore Elem		14	EL
	cted Indirect Cost Rat		(Round to nearest h		
INSTRUCTIONS:	Complete and submit volume to the element of the el	with one copy of each	application for Inc	direct Cost R	ate. A separate
This is to certify the knowledge and bel	at I have reviewed the i ief:	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to estance with the requirent les for State and Local in the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clair and the Office of P predetermined rate	ed in the proposal are post between the expenses oplicable requirements. The med as direct costs. In the ublic Instruction will be a pregoing is true and contract the property is true and contract.	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ict Superintendent or		Street Address	or P.O. Box	
Printed Name of A	Authorized Official		509 Highland City	Z	ip Code
			Moore	5	9464
Title			Date	<u>,                                     </u>	
Send cor	mpleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	O AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ap	oproved Rate for FY20	006	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

H	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0274	44	Moore H S		14	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same c addition, similar type	reements to which osts that have been soft costs have been soft costs.	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri- Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
·			509 Highland		
Printed Name of A	uthorized Official		City	Z	ip Code
			Moore	5	9464
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ap	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	lelena, MT 59620-2501		Duc May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0280	74	Roy K-12 Schools		14	K12
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been so of costs have be	they are allowed they are allowed the second the second to the second the sec	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			Box 9		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Roy	5	9471
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	elena, MT 59620-2501				
Legal Entity #	School Dist. #	School Name		County	Level
0281	84	Denton Elem		14	EL
Proposed Restric	ted Indirect Cost Rate	e% (Rd	ound to nearest hu	undredth (X.X	X%) of a percent.)
	e submitted for the ele	rith one copy of each ap mentary and high school	•		-
This is to certify that knowledge and believed.		ndirect cost rate proposa	al submitted her	ewith and to	the best of my
allowable in accorda A-87, "Cost Principle	ance with the requirem es for State and Local	tablish the final indirect ents of the Federal awa Governments." Unallov rmined Indirect Cost All	rd(s) to which the wable costs have	ney apply and e been adjus	d OMB Circular
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board St	reet Address o	r P.O. Box	
Onan person		PC	O Box 1048		
Printed Name of A	uthorized Official	Ci	ty	Zi	p Code
		De	enton	59	9430
Title		Da	ate	·	
	opleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction	SENT OF BUILD	IC INSTRUC	TION BY:
ACCEPTED	AND APPROVED FO	R THE SUPERINTEND	ENT OF PUBL	CINSTRUC	TION BY:
		<u>.</u>			
Ар	proved Rate for FY20		ate Approved		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Due May of	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0282	84	Denton H S		14	HS
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest I	nundredth (X.	XX%) of a percent.)
	Complete and submit we be submitted for the electory or				
This is to certify the knowledge and bel	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	erewith and t	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have been of costs have b	they are alle en treated as een account	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
Onan person			PO Box 1048		
Printed Name of A	Authorized Official		City	2	Zip Code
			Denton	5	9430
Title			Date	<u> </u>	
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ap	pproved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

H	elena, MT 59620-2501		,	•		
Legal Entity #	School Dist. #	School Name		County	Level	
0288	104	Spring Creek Color	ny Elem	14	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X.	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requiremes es for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and corr					
Signature of Distri- Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
·			PO Box 1185			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Lewistown	59	9457	
Title			Date	·		
	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction -2501	NDENT OF PURI	IC INSTRUC	TION BY:	
AGGELTED		THE GOT ENINTE				
Ap	proved Rate for FY20	06	Date Approved			
			Signature			

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Helena, MT 59620-2501		Due May 31, 2003				
Legal Entity #	School Dist. #	School Name	County	Level		
0291	115	Winifred K-12 Schools	14	K12		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a pero						
	oe submitted for the ele	vith one copy of each application ementary and high school district				
This is to certify tha knowledge and beli		ndirect cost rate proposal submit	ted herewith and to	o the best of my		
allowable in accord A-87, "Cost Principl	ance with the requiremes for State and Local	stablish the final indirect cost rate lents of the Federal award(s) to v Governments." Unallowable cos rmined Indirect Cost Allocation -	which they apply a sts have been adju	nd OMB Circular		
casual relationship accordance with ap have not been clain	between the expenses plicable requirements. ned as direct costs. In	properly allocable to Federal awa incurred and the agreements to Further, the same costs that ha addition, similar types of costs h notified of any accounting chang	which they are allowed been treated as ave been account	ocated in s indirect costs ed for consistently		
predetermined rate		notined of any accounting chang	es that would alle	ct tne		
I declare that the fo	regoing is true and cor	rect.				
I declare that the fo Signature of Distri		rect.	Iress or P.O. Box			
I declare that the fo Signature of Distri Chairperson	regoing is true and cor ict Superintendent or	rect.	Iress or P.O. Box			
I declare that the fo Signature of Distri	regoing is true and cor ict Superintendent or	rect.  Board Street Add	Iress or P.O. Box			
I declare that the fo Signature of Distri Chairperson	regoing is true and cor ict Superintendent or	rect.  Board Street Add  Box 109	Iress or P.O. Box			
I declare that the fo Signature of Distri Chairperson	regoing is true and cor ict Superintendent or	rect.  Board Street Add  Box 109  City	Iress or P.O. Box	Zip Code		
I declare that the fo Signature of Distri Chairperson  Printed Name of A	regoing is true and cor ict Superintendent or	Board Street Add  Box 109 City Winifred Date  and Budgeting truction	Iress or P.O. Box	Zip Code		
I declare that the for Signature of District Chairperson  Printed Name of A  Title  Send con	regoing is true and cor ict Superintendent or uthorized Official  upleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street Add  Box 109 City Winifred Date  and Budgeting truction	Iress or P.O. Box	<b>Zip Code</b> 59489		
I declare that the for Signature of District Chairperson  Printed Name of A  Title  Send con	regoing is true and cor ict Superintendent or uthorized Official  upleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street Add Box 109 City Winifred Date  and Budgeting truction -2501  PR THE SUPERINTENDENT OF Date Appro	PUBLIC INSTRU	<b>Zip Code</b> 59489		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Helena, MT 59620-2501		Due (viay 61, 2006				
Legal Entity #	School Dist. #	School Name		County	Level	
1218	222	Ayers Elem		14	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo submit wo submitted for the electory oval of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar /e been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been soft costs have been soften been something.	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
	regoing is true and cor					
Signature of District Superintendent or l Chairperson		Board	Street Address or P.O. Box			
•			Box 100 Hwy 87			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Grass Range	5	9032	
Title			Date	•		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Approved Rate for FY2006			Date Approved			
			Signature			